

Adult Co-Rec DodgeBall Tournament

Dates: December 16th & 17th

Times: 6-9pm

Fee: \$30 per team

Registration Deadline: December 10th

Format & Rules

- This is an adult (18+ yrs.) co-rec double elimination tournament.
- Matches will be decided using a "best-of-three" format in which the first team to win two (2) games will be declared the winner.
- Teams will be made up of 8-10 players. A minimum of 8 players will compete on a side; others will be available as substitutes. Each team must begin the game and sub with equal number gender.
- Games will be played indoors at the Kiwanis Recreation Center gym.
- The official ball used in the tournament will be an 8" rubber-coated foam ball. Participants must wear shoes, no black soled shoes will be allowed.
- The object of the game is to eliminate all opposing players by getting them "OUT". This may be done by:
 - 1. Hitting an opposing player with a thrown ball below the shoulders.
 - 2. Catching a ball thrown by your opponent before it touches the ground.
- Game begins by placing the dodgeballs along the center line. Players then take a position behind their end line. Following a signal by the official, teams may approach the centerline to retrieve the balls. This signal officially starts the contest.
- The first team to legally eliminate all opposing players will be declared the winner. A 10-minute time limit has been established for each contest. If neither team has been eliminated at the end of the 10 minutes, the team with the greater number of players remaining will be declared the winner. In the case of an equal number of players remaining after regulation, a 3-minute suddendeath overtime period will be played.
- Each team will be allowed one (1) 60-second timeout per game. At this time a team may substitute players into the game.
- During play, all players must remain within the boundary lines. Players may leave the boundaries only to retrieve stray balls.
- Rules will be enforced primarily by the "honor system"*. Players will be expected to rule whether or not a hit was legal or whether they were legally eliminated. All contests will be supervised by a court monitor*. The court monitor's responsibility will be to rule on any situation in which teams cannot agree. The court monitor's decision is final No exceptions.

 *Exception: All Final Round matches will be officiated by no less than two (2) Officials. These officials will rule on all legal hits and out-of-bounds.

Registration forms are available at the Kiwanis Recreation Center and online @ http://www.tempe.gov/pkrec/krc/SpecialEvents/special events.htm – Call 480-350-5753 for more information.



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Kiwanis Recreation Center Dodgeball Tournament Registration Form

TEAM NAME

- Registration deadline is December 10th.
- Roster is due when fee is paid No Exceptions.
- Rosters must be filled out completely with the addresses and phone numbers of each player.
- Game time is forfeit time.
- Refunds will only be issued if the tournament is cancelled.
- Your signature on opposite side indicates you have read and agree to the "Wavier of Liability" below.

Read below, fill out and sign information on the other side of this form

Waiver of Liability

With knowledge and appreciation of the risk of injury, I wish to participate in this Class/Activity. I agree to assume the risk of personal injury while participating. I understand the City of Tempe does not carry accident, sickness, or medical insurance for participants. I understand that all reasonable efforts will be extended to insure my health and safety. If the Class/Activity includes any physical exertion, I agree to perform the exercise at my own ability level. I fully understand the nature of this Class/Activity, and I waive and release and hold harmless the City of Tempe and any of its agents, employees, officers, council members, and sponsors for any and all rights and claims for damages or costs I may have against the City of Tempe, its agents, employees, officers, council members, and sponsors for personal injury, death, or property damage suffered by me, or that I may cause to others, as a result of my participation in this Class/Activity. I agree to look to my private physician for medical advice and care and to notify my teacher or instructor of any physical limitations I might have or modifications I might need to the Class/Activity. I will require the following accommodation to participate:

Office Hee Only						
Total Paid	Check#	Office Use Only Charge	Cash Accepted	Date		



CAPTAIN	PLAYER 6
NameMF	NameMF
Age E-mail address	Age E-mail address
Address	Address
CityStateZip	CityStateZip
Phone Emergency Phone	Phone Emergency Phone
Player Signature	Player Signature
PLAYER 2	PLAYER 7
NameMF	Name M F
Age E-mail address	Age E-mail address
Address	Address
CityStateZip	CityStateZip
Phone Emergency Phone	Phone Emergency Phone
30.00	
Player Signature	Player Signature
PLAYER 3	PLAYER 8
Name M F	NameMF
Age E-mail address	Age E-mail address
Address	Address
CityStateZip	CityStateZip
Phone Emergency Phone	Phone Emergency Phone
Player Signature	Player Signature
PLAYER 4	PLAYER 9
Name M F	Name M F
Age E-mail address	Age E-mail address
Address	Address
CityStateZip	CityStateZip
Phone Emergency Phone	Phone Emergency Phone
Player Signature	Player Signature
PLAYER 5	PLAYER 10
NameMF	Name M F
Age E-mail address	Age E-mail address
Address	Address
CityStateZip	CityStateZip
Phone Emergency Phone	Phone Emergency Phone
Player Signature	Player Signature